

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-004636

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 140

1. PLACE OF DEATH
a. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN JEFFERSON BARRACKS

Length of stay in 1b
3 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS

c. CITY OR TOWN SAPPINGTON

d. STREET ADDRESS (If outside, give location)
11652 IDEAL DRIVE

Inside Limits
Yes ☒ No ☐
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print) First ROY Middle E. Last PYLES

4. DATE OF DEATH
Month JANUARY Day 14 Year 1963

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8-25-92

9. AGE (last birthday)
70

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Kiln Operator

10b. KIND OF BUSINESS OR INDUSTRY
Fire Brick Company

11. BIRTHPLACE (City and state or country)
CHRISTOPHER, ILLINOIS

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

JOHN PYLES

13b. MOTHER'S MAIDEN NAME

LUE SMITH

14. NAME OF HUSBAND OR WIFE

GRACE PYLES

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates)
YES WW-I

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs. Grace Pyles, St. Louis 26, Missouri

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) PULMONARY INFARCTION

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) PULMONARY EMBOLISM

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PULMONARY EDEMA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-11-63 to 1-14-63 and xxxxxxx
Death occurred at 8:40 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Paul G. Stromsdorfer

22b. ADDRESS
M.D. VA HOSP. JEFF. BRKS. MO.

22c. DATE SIGNED
1-14-63

23a. BURIAL, CREMATION, (Specify)
BURIAL

23b. DATE
Jan. 17, 1963

23c. NAME OF CEMETERY OR CREMATORY
Park Hill Cemetery

23d. LOCATION (City, town, or county)
St. Louis Co. Mo.

(State)

24. FUNERAL DIRECTOR
WILL MORTUARY, 6409 Gravois Av. St. Louis

ADDRESS

25. DATE RECD. BY LOCAL REG.
1-15-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Wid

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.